

G.R.S. Form #114 B

To The A. G. O.

1364

FEB 18 1923

DATE 10/24/21.

1. NAME *SOP* BARDOCAS, Nicholas SERIAL No. 3128746

RANK Pvt. ORGANIZATION & DIVISION Co. H, 119th Inf

GRAVE LOCATION American Brizeaux Meuse 557

CTY. NAME NUMBER

23

1a

1a

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Not known.

GRAVE COMMUNE DEPT.

COORDINATES Not of record.

CONCENTRATED TO Not known.

DATE GRAVE ROW PLOT

CEMETERY CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

DATE OF DEATH

Sept. 25, '18

STATE FROM WHICH HE CAME

Wash.

MEDALS OR DECORATIONS AWARDED

None

SUBSEQUENT REBURIALS April 18, 21. 23 (same grave). 1. 2. Brizeaux Cem #557.

taken from 16a

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE AREA SUPERVISOR

Wm M. Cline

Wm M. CLINE
Captain Q.M.C.

3. FINAL GRAVE LOCATION 10/24/21 4 35 A.

DATE GRAVE ROW Block

Meuse-Argonne Amer. Cty. #1232 Romagne-sous-Montfaucon. (Meuse)

CEMETERY

AUDITED BY
M.J.D. - 3/1/23
KAI
1/3

4
A.G.O.
FEB 19 19
WORLD WAR DIV.

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.
2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.
3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



Rec'd World War Div.
2 SEP 22 1927

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

R
Bardosas 3128748 N
(Surname.) (Number.) (First Name and Initials.)

Pvt ~~Private~~ 110th Inf. Co. II
(Rank.) (Organization.)

DATE OF BURIAL... Sept. 29, 1918

PLACE OF BURIAL... Brizeaux

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

GRAVE NUMBER... 27

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker?

If name unknown and tags missing, description and marks should be given here:

REPORTED BY: Act. Chap. Evac Hosp # 11

Joseph A. Tele. Y.M.C.A.
(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

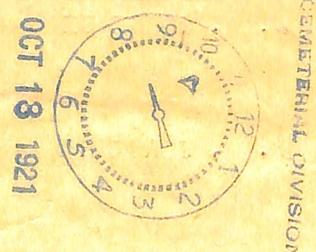
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</p>	
<p>DENTURES (PLATES).....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."</p>	

7. Show name of person supervising the disinterment and the name and title of the person approving same.
8. Show name of person supervising the reburial and the name and title of the person approving same.



✓

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Bardosas</i>		
	<i>BAR</i>	3	<i>218</i>
	<i>Nichola</i>		
BURIED	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>4</i>	2	<i>04</i>
	ROW <i>35-</i>	2	<i>35-</i>
	BLOCK <i>a.</i>	1	<i>1</i>
STATE	<i>Wash</i>	2	<i>56</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>28</i>	2	<i>28</i>
ORGANIZATION	<i>110</i>	3	<i>110</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>no</i>	1	<i>2</i>
NAME	<i>Bardosas</i>	3	
	<i>Alexandros L</i>		
RESIDENCE	STATE	2	
<i>(Mother)</i>	COUNTY	2	
<i>Greece</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead</i>	1	<i>6</i>
	<i>1912-</i>		
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

MAR 21 1932
ok

297
29/514

20

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8-20-31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Bardosas, Nichols	Pvt.	2128746	Co. H, 110th Inf.	9-28-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	4	35	A

	<u>Check relationship</u>	<u>Living - Deceased</u>
<u>MOTHER</u>	<i>Died in</i>	<i>1912</i>
STEPMOTHER (For the year prior to commencement of service)		<i>died 1901</i>
MOTHER THRU ADOPTION (For the year prior to commencement of service)		<i>Bro. Alex. Bardosas</i>
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		<i>Domrainia</i>
<u>WIDOW</u> (Who has not remarried)	<i>Single</i>	<i>Thesis</i>
		<i>Yucca</i>

Veterans Bureau Claim Number 130896
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Bardosas, Nichols	Pvt.	3128746	Co. H, 110th Inf.	9-28-18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	4	35	A

	<u>Check relationship</u>	<u>Living</u>	<u>-</u>	<u>Deceased</u>	
	MOTHER	:	:	:	(Bro)
	STEPMOTHER (For the year prior to commencement of service)	:	:	:	Alexandros L. Bardosas,
NAME	MOTHER THRU ADOPTION	:	:	:	Domoraina
AND	(For the year prior to commencement of service)	:	:	:	Thisvi,
ADDRESS		:	:	:	Greece
	MOTHER IN LOCO PARENTIS	:	:	:	_____
	(For the year prior to commencement of service)	:	:	:	_____
	WIDOW	:	:	:	_____
	(Who has not remarried)	:	:	:	

Veterans Bureau Claim Number

130896

29/156

In reply refer to:
293 C-R

17716

April 17, 1923.

Mr. Alexander Bardosas,
Domvraine, Thisvis,
Greece.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Pvt. Nichols Bardosas, Co. H, 110th Inf., is No. 4, Row 35, Block A, Meuse-Argonne American cemetery, Romagne-sous-Montfaucon (Meuse) France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner,
Assistant.

23/236/ARK

Central Mail & File DE
APR 17 1923

C° H. 110th Inf.
28th Div.

BARDOSAS, Nichols, Pvt 3128746

Date 29th Sept 1918.

Place: Apremont.

WOUNDED IN ACTION; (This is the only available information)

Searcher : Braden, 1st Sgt(A.G.)

HC

FILE

1-14-30
SKJ

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

SUBJECT: Investigation.

TO: The Adjutant General,
Washington, D. C.

1. To assist this office in an investigation being instituted to locate the grave of the soldier named above, it is requested that you furnish as much of the following information, as possible:

- (a) Local Board and Mobilization dental charts,
- (b) Any comrades statements on file as to the death and burial place.
- (c) Places of death and burial, if of record,
- (d) Chaplain's burial report.
- (e) Names and addresses of

For The Quartermaster General:

Place Breux Meuse.

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 16, 1921.

1. REMAINS OF BARDONAS, Michl^Splss. SERIAL NUMBER 3128746
RANK Pvt. ORGANIZATION Co. H, 110th Inf.

2. Disinterred (date): Sept. 16, 1921. From (give complete location): Grave 20, Pl. 1, Row 1, Cem. 557.

By: Group TWO Unit FS3.

3. Reburied (date): Oct. 24, 1921 In (give complete location): Meuse-Argonne Cty. #1232 Gr. 4, Bl. A, row 35.

By: Group Reburial S Unit Nature of reburial Unlined Casket.

4. Report as to nature of original burial and condition of body upon disinterment:
Burlap and pine box, badly decomp. fecog. imp.

5. (a) Identification tags: Buried with body? yes On grave marker? yes

(b) Other means of identification found upon disinterment, and general remarks:
Bottle record found on body shows body worked and identified
Apr. 18, 21, by G.B. Kidwell, 1st Lt. MC. Inspector

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) Package intact, body not disturbed.

(b) Weight (estimated)

(c) Hair—Color

Quantity

Characteristics

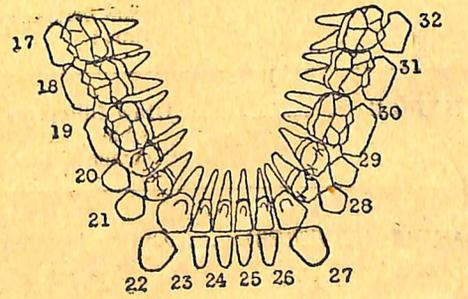
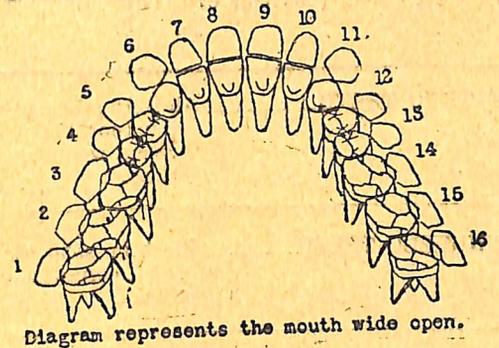
(d) Hair on face—Color

Location

Quantity

(e) Permanent marks on body (old scars, peculiarities, or missing parts)

(f) Wounds or missing parts (received at time of casualty)



SEP 20 1921
RECEIVED
U.S. ARMY
MEDICAL DEPARTMENT
WASHINGTON, D.C.

7. Disinterment supervised by H. L. Harlbart Approved: Wm. H. Rosh
(Title) 1st Lt. MC.

8. Reburial supervised by A. U. DUFALT Approved: James W. Younger
(Title) JAMES W. YOUNGER, CAPT., Q.M.C.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :



CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :



BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :



DENTURES (PLATES).....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

7. Show name of person supervising the disinterment and the name and title of the person approving same.
8. Show name of person supervising the reburial and the name and title of the person approving same.

To be prepared in triplicate.

DATE Sept 16-21

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name BARDOCAS, Nicholas

10. Name Bardocas, N.

2. No. 3128746

11. No. 3128746

3. Rank Pvt.

12. Rank Pvt.

4. Org. Co. H; 110th Inf.

13. Org. Co.H.110th Inf.

5. D.D. Sept. 28th

14. (a) D.D. Sept 28th

6. C.D. DOW

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 23 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot 1 A Row 1

16. Plot _____ Row _____

9. _____

17. none.

18. Cemetery American

19. Commune or town Brizeaux

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 557

23. Disinterred (Date) Sept 16-21

By H.L. Hurlbut

24. Inscription on grave marker:

Name Nicholas Bardocas

Serial No. _____

Rank Pvt.

Organization Co.H.110th Inf.

25. Was identification disc found on grave marker? Yes On body? Yes

Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Package intact body not disturbed.

27. Condition of body badly decomposed recognition impossible

28. Nature of burial burial and pine box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? Tag on body reads Bardocas N.

30. Body prepared and placed in casket: Date Sept 16-21 By H.L. Hurlbut

31. Casket sealed by _____

Signature of Embalmer, (Supervisor)



Handwritten signature of H.L. Hurlbut.

SHIPMENT. (Show actual marking of box.) Box No. C-8814

32. Designation of body:

Name BARDOCAS, Nicholas Serial No. 3128746

Rank Pvt. Organization Co. H, 110th Inf.

33. Consigned to: Officer in Charge Operations,

Name of Permanent Cemetery Meuse Argonne Amer. 1232 Romagne/s/Montfaucon

34. Casket boxed and marked (Date) Sept 16-21 By H.L.Hurlbut

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

W.H. Roach
Signature of G.R.S. Inspector W.H. Roach, 1st. Lt. QMC.

36. Remarks _____

37. Shipped from point of Operation: (Date) Sept 16-21

To point of Concentration Romagne sous Montfaucon, Meuse., *B.L. Maloney*
(Name)

Convoyer R.H. Cronin Signature Shipping Officer J.P. Glandon Capt. QMC.

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery _____

Convoyer _____ (Name)
Signature Shipping Officer _____

40. Received: Date Sept 17, 1921

G.R.S. Representative Bl. Default Morgan Asst

41. Reinterred Oct. 24, 1921 Meuse-Argonne Cty. #1232

42. Grave No. 4 (Date) _____ Section _____

43. Plot Bl. A Row _____ 35

G.R.S. Representative *James W. Younger*
JAMES W. YOUNGER, CAPT., Q.M.C.

ef

COMPILATION OF DISPOSITION OF REMAINS DATA

✓
concentration
10/26/21 - 9/11/21
100-11119/21

I. LOCATION INDEX CARD:

(3-8-21B)

File #17716

(a) Name ^S BARDOSAS, Nicholas Ser. No. E128746
(b) Rank Pvt. Organization Co. H, 110th Inf.
(c) Date of death 9-28-18 (d) Cause of death DWRIA

TYP. egp
CKR. [initials]

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 23 Row 1 Plot A Sec. - TYP. egp
(b) Emerg. Address Alex. Bardosas (brother) Dubrano, Greece.

over

III. Files of soldiers dying from contagious diseases

CKR. [initials]

IV. A. G. O. DISPOSITION CARD:

no card in file. are 1-18-21
Date of receipt _____

(a) Name _____ (b) Relationship _____
(c) Address _____
(d) Remains to be brought to U. S.? _____
(e) To be interred in National Cemetery in U. S. at _____
(f) Shipping instructions upon arrival of body in U. S. _____
(g) Disposition instructions if not brought to U. S. _____

Examiner's Initials _____ Date _____, 1920.

V. A. G. O. CORRESPONDENCE shows communication from _____

no correspondence, dated _____
confirming request in Par. IV., item _____, above, or requesting that _____

Examiner's Initials are Date 1-18, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows: _____

no request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 1-20, 1920.

COUNTRY France

CEMETERY No. 557

SHEET No. 8

check back
MASH-27-21
4

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 1-27-21, 1920

Par. #2, Not To Be Returned

HA

IX.

CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS:

*W.P.E.A. Mr. Alexandros Pardoas (Brother)
Domoraina, Thessis, Greece.
m H 5 4/5/21*

Name
Rank
Serial No.
Org.
Remarks

A. G. O. Card & Corr. *Clark 1-18*

Discrepancies

Name

Rank

Serial No.

Org.

Remarks *E. A.*

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Checkers

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

S-1357/MB

*Checked
1-20-21
E.M.*

Copies

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

Harlow, C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Bardocas, Nicholas, Pvt.

557 - 8

1/20/21.

SERIAL NUMBER

ORGANIZATION

3128746

Co. H, 110th Inf.

Date of death - 9/28/18.

WAR RISK INSURANCE INFORMATION

Original attached to 9115

DATE

(2-28-21) M.

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Alexandros Bardosac Brother

Address

Domocaina Thisvris, Greece

S/709/LML

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

*Revised
msb.*

Harlow, C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Bardocas, Nicholas, Pvt.

557 - 8

1/20/21.

C-130896

SERIAL NUMBER

ORGANIZATION

3128746

Co. H, 110th Inf.

Date of death - 9/28/18.

WAR RISK INSURANCE INFORMATION

DATE _____

NAME OF BENEFICIARY

RELATIONSHIP

Address

Mrs. Alexandros Bardocas Brother

Domvraia Thivris, Greece

S/709/LML

C-130896

Please Rush

OFFICE OF THE QUARTERMASTER GENERAL
CENETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

Harlow.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

BARDOCAS, Nicholas.

Pvt.,

557 - 8.

3/1/21.

SERIAL NUMBER

ORGANIZATION

3128746.

Co. H, 110th Inf.

D-D. 9-28-18.

Copy forwarded to
Adjustment Department

WAR RISK INSURANCE INFORMATION

Date 4/5/21 M.H.S.

DATE _____

NAME OF BENEFICIARY

RELATIONSHIP

Mr Alexandros Bardosar - (Brother)

Address

Thessalonika, Thessalonika, Greece

S/709/LML

COPY

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

~~Harlow.~~

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

~~BARDOSAS, Nicholas.~~
SERIAL NUMBER

~~Pvt.,~~
ORGANIZATION

~~557 - 8.~~

~~3/1/21.~~

~~3128746.~~

~~Co. H, 110th Inf.~~

~~D-D. 9-28-18.~~

Original Attached to
Noted Form 115 Form No. 115
Date 4/21/41 MMS

WAR RISK INSURANCE INFORMATION

DATE _____

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Alexandros Bardosas

(Brother)

Address

Domvrana, Thessos,

Greece.

S/709/LML

17746

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Bardosas **3128746** **N**
(Surname.) (Number.) (First Name and Initials.)

Pvt. ~~unknown~~ **110th Inf. Co. H**
(Rank.) (Organization.)

DATE OF BURIAL... **Sept 29, 1918**

PLACE OF BURIAL... **Brizeaux**

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Cmme: C-144 Brizeaux (Mense)
Map 51 N.E.

GRAVE NUMBER... **23**

HOW MARKED: Name Peg? **Yes** Cross? ..
Headboard? .. Bottle? ..

IDENTIFICATION TAGS:

Was one buried with body? .. **Yes** ..

Was one fastened to name peg or stake used as a grave marker? .. **Yes** ..

If name unknown and tags missing, description and marks should be given here:

not in use

REPORTED BY: **Act Chap Evac Hosp # 11**

Lawrence H. Chilton Y.M.C.A.
(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.

FROM: O.Q.M.G.
CEMETERIAL DIVISION
Munitions Building
Room

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information requested of A.G.O.

Date 3/1/21.

File No. 17716 Requisition.

(SPECIAL)

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

a. Surname Bardocas *Bardocas*

f. Date of death 9-28-18. *OK*

b. Christian name Nicholas *Nichols*

g. Cause of death DWRIA. *OK*

c. Serial Number 3128746 *OK*

h. Authority (C.O.#)

d. Organization Co. H, 110th Inf.

i. Emergency address *alex Bardocas, Subana, Greece*

e. Rank Pvt. *OK*

j. Relationship *Brother*

BODY DESCRIPTION

(See page #2 of the Service Record)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment) *S*

a. Strike out teeth missing

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
upper right upper left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
lower right lower left

Donnelly - ade - 2 PS - Wg 8 - 3-5-21

H. L. ROGERS,
Quartermaster General, U.S.A.

BY:

H. J. Conner
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 557.

SHEET NO: 8.

TYPED BY: rln.

S/713/LML

Rec'd World War Div.

MAR 3 1921

MAR 8 1921